

Chestnut Centre
410 West Chestnut Street, Suite 628
Louisville, KY 40202-2324
Phone: 502 574-6869
Fax: 502 581-9832
www.rjlouisville.org

Referral Form

Please send all referrals to Libby Mills c/o Restorative Justice Louisville

Date of Request:	10/27/11	Case Number:	00236259-002
Referring Agency	: <u>Jefferson County Juvenile Court</u>	Restitution Amount:	
Person Referring		Diversion 🔀	Probation
Phone Number		Next Court Date:	N/A
Please include any o	of the applicable items: citation, victim statement, state	ement of loss, teacher statement, petition	n or any other pertinent information
	Vistina Information (voc additi	ional forms for moultiple viction	1
Namo	Victim Information (use additional Sharya Sookal	ionai jornis joi muitipie victiir	15)
	3420 Dr. William G. Weathers Drive Lou	· · · · · · · · · · · · · · · · · · ·	
<u></u>	776-0896 Cell Number: _7		
Male Femal	e 🔀	Date of Birth <u>7 at</u>	time of offense
 -			
If under age eigh	teen (18), parent/guardian name and ac	ldress: <u>Shareka Alexander at</u>	same address
If under age eigh	teen (18), parent/guardian name and ac	ldress: <u>Shareka Alexander a</u>	same address
	Offender Information (use se		r)
Name:	Offender Information (use se	parate form for each offende	r)
Name: Address:	Offender Information (use se Keyon Biggers	parate form for each offende 211	r)
Name: Address:	Offender Information (use se Keyon Biggers 3313 Penway Avenue, Louisville, KY 403 224-6948 Cell Number:	parate form for each offende 211 Email Addres	r) s:
Name: Address: Home Number: Male X Femal	Offender Information (use se Keyon Biggers 3313 Penway Avenue, Louisville, KY 402 224-6948 Cell Number:	parate form for each offende 211 Email Addres Date of Birth: _07/1	r) s:
Name: Address: Home Number: Male X Femal	Offender Information (use se Keyon Biggers 3313 Penway Avenue, Louisville, KY 403 224-6948 Cell Number:	parate form for each offende 211 Email Addres Date of Birth: _07/1	r) s:
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Name: Address: Home Number: Male Femal If under age eigh Date of Offense:	Offender Information (use se Keyon Biggers 3313 Penway Avenue, Louisville, KY 402 224-6948 Cell Number: e teen (18), parent/guardian name and ac	parate form for each offende 211 Email Addres Date of Birth: 07/1 ddress: Enjolie Payne at same sued? Yes \(\square \) No \(\square \) Office	r) s:

gave her statement to the officer. Sharya had bruising in her arm and treated head for injury.